

ORIGINAL

07 NOV - 5

AM 10:59

RICHARD W. HENKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

1 Raynell Carmichael, D-25366  
2 San Quentin State Prison-2N-1-L  
3 San Quentin, CA. 94974

4 In Propria Persona

5 IN THE UNITED STATES DISTRICT COURT  
6 FOR THE NORTHERN DISTRICT OF CALIFORNIA

CW

8 Raynell Carmichael

CV 07

5622

CASE NO:

9 PLAINTIFF,

DECLARATION OF

(PR)

10

RAYNELL CARMICHAEL IN

11

VS.

SUPPORT OF PLAINTIFF'S

12

SERIOUS MEDICAL CONDION

13

James E. Tilton, et al.,

14

DEFENDANTS,

E-filing

15

16

I, RAYNELL CARMICHAEL HEREBY DECLARE AND STATE AS

17

FOLLOWS:

18

1. I am the Plaintiff in this action and have

19

been proceedings as a pro se litigant while confined to

20

state prison. As as such I am readily familiar with the

21

documents that are attached to this declaration and know

22

that they are a true and correct copy of what they puport

23

to be .

24

St In July of 2003 , I was transferred from Delano

25

State Prison to High Desert State prison.

26

3. While at High Dester State Prison I was treated

27

for a number of serious medical problems as more fully

28

outlined in the attached complaint.

1 4. The medical officials at High Desert state Prison were  
2 indifferent to my medical concerns specifically informing me that  
3 I would have to live with them, as if they were clotting.

4  
5 5. That each and every named defendant from High Desert State Prison  
6 sounded deliberate indifference to my serious medical concerns as  
7 outlined in paragraph 4 of this declaration and the complaint.

8  
9 6. That based on the medical indicators (Blood Test, and other  
10 diagnostic studies that should have alerted medical staff at High  
11 Desert Prison that I was ill.

12  
13 7. That while at High Desert state Prison, I sought to exhaust any  
14 administrative remedies regarding my inadequate health care to no  
15 avail.

16  
17 8. In June of 2005, I was again transferred to San Quentin State  
18 Prison where medical officials continued to treat my medical problems  
19 in the same vein as High Desert State Prison Officials.

20  
21 9. As more fully outlined in my attached complaint, I once again  
22 sought to pursue my administrative remedies regarding my health care  
23 treatment, much to no avail, and at times having to seek judicial  
24 review of no action by San Quentin Prison officials.

25  
26 10. That my efforts to obtain adequate medical care and treatment  
27 are outlined in the numerous letters request slips and legal  
28 pleadings attached hereto.

11. In August 29, 2006, I was seen by Dr. Zalpun who even though she was aware of my condition and had reviewed the pertinent information in my medical files, refused to provide the appropriate care., as more fully detailed in the attached complaint.

12. I was subsequently provided medications and vitamins in excess of what was need for my condition. this over medicated period was while I was under the care of defendant David in san Quentin.

13. Based on being gtossly overmedicated my system developed toxicity concerns, thus causing additional medical concerns.

14. I was subsequently hospitalized in unstable condition after San Quentin Medical officials continued to obstruct and delay appropriate medical care and treatment, even after and attorney contacted the Chief Medical Officer and the Federal Receriver.

15. My medical files at San Quentin reflect other doctors recommend ing additional medical exams and treatments which still have not been provided to me.

Pursuant to 28 U.S.C. Section 1746. I declare under penalty of perjury that the above is true and correct.

Respectfully Submitted this 30 day of October 2007.

/s/ *Raynell Carmichael*

Raynell Carmichael, D-25366  
San Quentin State Prison-2N-1-L  
San Quentin, CA. 94974  
In Propria Persona

*McCarMichael*

Centennial Medical Group

**ENDOCRINE OFFICE VISIT**

**Carmichael, Raynell**  
**56 Y/O**  
**04-26-2007**

**Complaints:** follow-up for elevation of serum alkaline phosphatase

**Review of Systems:** laboratory testing done; denies headache but has L hip pain

**Allergies:** None Recorded

**Medications:**

Name	Sig	Date Pre	Date Ref	Date Fin
Ms Contin Tablet 30mg	qd	04-26-2007		06-18-2021
Carvedilol Tablets 6.25mg	12.5 mg bid	04-26-2007		06-18-2021
Tylenol With Codeine No 4 Tablet 300;60mg	2 pm	04-26-2007		06-18-2021
Hydrochlorothiazide 25mg	qd	03-01-2007		04-23-2021
Methocarbamol 750mg	1 bid	03-01-2007		04-23-2021
Naproxen 500mg	1 bid	03-01-2007		04-23-2021
Omeprazole Capsules 20mg	q am	03-01-2007		04-23-2021
Lisinopril Tablets 20mg	q am	03-01-2007		04-23-2021
Vitamin D Capsules 1.25mg	2 qd	03-01-2007		04-23-2021
Amitriptyline 25mg	q pm	03-01-2007		04-23-2021
Lipitor Tablets 20mg	4 qd	03-01-2007		04-23-2021

**Problem List:**

ICD	Description	Comment	Date
268.0	Rickets Active		03-01-2007
268.2	Osteomalacia Unspecified		03-01-2007

**Vital Signs:** HR 60. Blood pressure 140/88

**Physical Exam:** obese

**Laboratory Data:** serum Vitamin D levels are normal; alkaline phosphatase 275

**Assessment:** Persistent elevation of serum alkaline phosphatase, etiology unclear. X-rays of hip not suggestive of Paget's disease.

**Plan:** I recommend that the patient be evaluated at a tertiary/university center for his condition. I suggest being seen by a bone metabolism expert (e.g., Robert Rude, MD at USC) for further evaluation. I do not have anything further to offer at this time.

**Follow Up:** None

A handwritten signature in cursive script, reading "Nelson Madrilejo". The signature is written in dark ink and is positioned above the printed name.

Nelson Madrilejo, MD

RFS received and faxed to Sacto. Appointment pending. Appointment made for 4/26/07. Pt seen as sched. on 4/26/07. Dr. Madrillejo stated that Mr. Carmichael's endocrine status is not the problem. Dr. recommends pt. to see a bone or metabolism specialist. Dr. also stated there is a Dr. Robert Rude(sp?) @ USC that might be able to help this pt..Final dictated report from Dr. Madrillejo to follow. No follow up needed in tele-endo.

OK

Cancel

Font...

Mr. Carmichael  
D 25366

2N1L

**Outpatient Clinic Notes**

Doctors Medical Center  
2000 Vale Rd  
San Pablo, California 94806

0714500042 DO1133350 PRO  
CARMICHAEL, RAYNELL  
O'CONNOR, MICHAEL D L  
O'CONNOR, MICH WILLIAMS  
DOB 04/17/1951 56Y M

Visit Date: 5/25/07 Allergies: NKA  
Height: 6'0 Weight: 295# BP: 136/83 HR: 62 RR: 18 T: 98.2  
B<sub>2</sub> Low

Chief Complaint: Vit D Deficit

Procedures: C/O Pain in Multiple Joints  
Hx of Osteomalacia + OA  
Current G. Vit D level is high,  
but Tot CA + PTH are wnl  
Current pain prob most G due to OA

Consultants: \_\_\_\_\_

Summary: 56yo AAOD with Hx of Osteomalacia  
+ OA with pain in multiple Jts  
Vit D levels now hgt  
Main prob appears to be OA.  
A Alk Phos prob due to OA.

Discharge Plan/Follow up appointments: (1) No change in meds  
(2) TX OA as Appropriate  
(3) Flu 2 Mos, Labs pro.

New Medications: \_\_\_\_\_

MD Signature: [Signature]

Date: 5-25-07 Time: 9Am



ed 11/06/2007 Page 8 of 33  
Carmichael, R. A. W. E. L. T.  
CDC# D25366

0714500042 001133350 PRO  
CARMICHAEL, RAYNELL  
O'CONNOR, MICHAEL D L  
O'CONNOR, MICH WILLIAMS

FROM R151 27 15/02/



# Outpatient Clinic Notes

Doctors Medical Center  
2000 Vale Rd  
San Pablo, California 94806

CDC# D 25366

0723600057 001133330 CP  
CARMICHAEL, RAYNELL  
O'CONNOR, MICHAEL D L  
O'CONNOR, MICH WILLIAMS  
DOB 06/17/1951 SEX M

Visit Date: 8/24/07 Allergies: N/A  
Height: 6'11" Weight: 300# BP: 142/78 HR: 69 RR: 20 T: 98.7  
Bx history of m w

Chief Complaint: Bone disease

Procedures: 56 y.o. MA OD with a Hx of Osteoporosis  
He is apparently not on oral Vitamin D.  
He is lactose intolerant and is not  
on oral calcium. C/O Bone Ache

Consultants: O - SB PCW BH  
Lab - 7-25-07 ALK Phos = 305,  
Bone Rxo = 224, TOSTA = 9.5,  
A - (1) V. + D levels dropping rapidly.  
(2) Not on oral V. + D or Ca

Summary: (3) Elev. in ALK Phos is from bone.  
P - (1) Start Ergocalciferol  
50,000 IU orally one each week  
(2) Start Oral Calcium 1000 to  
1500 mg orally per day.

Discharge Plan/Follow up appointments:  
(3) F/U 2 mos. Lab work  
to include: 2.5 Hz daily Vit D, Calcium intensive metabolic  
panel, (4) Gastroenterology and Rheumatology Consults.

New Medications:  
Also include Rheumatoid factor, Juv

MD Signature: [Signature] Date: 8-24-07 Time: \_\_\_\_\_

## DOCTORS MEDICAL CENTER

San Pablo Campus 2000 Vale Road. San Pablo, CA 94806

PT: CARMICHAEL, RAYNELL DOB: 04/17/1951

ADM: 08/24/2007

ACCT: 000723600057 MR#: 000001133350 ROOM:

Michael O'Connor, MD\* 200708250097092600

AUTH ID: 2670

## CONSULTATION

## REASON FOR CONSULTATION:

I saw this patient on 08/24/07 on a followup endocrine consult for osteomalacia.

## HISTORY OF PRESENT ILLNESS:

The patient is a 56-year-old African American male who had been previously diagnosed for osteomalacia. His current symptoms included pain in the neck, left shoulder, and back. He stated he was taking 50,000 units of vitamin D by mouth each month, but there is no oral vitamin D listed on his medical list of 08/17/07. He does get occasional muscle cramps. He stated that he was not taking no oral calcium and he is lactose intolerant.

## OBJECTIVE:

VITAL SIGNS: Showed a blood pressure of 147/78, heart rate 69, respirations 20, temperature 98.7, weight 300 pounds, and height 6 feet 1 inch.

HEENT EXAM: Was within normal limits.

CHEST: Clear.

HEART: Sounds 1+, 2+ and no added sounds. Regular rate and rhythm.

ABDOMEN: Soft and nontender. Bowel sounds are positive.

EXTREMITIES: Grossly within normal limits.

NEUROLOGICALLY: Grossly within normal limits.

## LABORATORY DATA:

Laboratory results on 07/25/07 show a 25-hydroxyvitamin D of 68, alkaline phosphatase of 305, bone isoenzyme for alkaline phosphatase 224, and total calcium 9.8.

## ASSESSMENT:

1. Vitamin D levels have dropped rapidly of vitamin D which I believe in to be.
2. His low oral calcium intake. He apparently has a low oral calcium intake.
3. Elevated alkaline phosphatase is primarily coming from bone.

## PLAN:

The plan is to start ergocalciferol 50,000 IU orally one p.o.

## DOCTORS MEDICAL CENTER

San Pablo Campus 2000 Vale Road. San Pablo, CA 94806  
PT: CARMICHAEL, RAYNELL DOB: 04/17/1951  
ADM: 08/24/2007  
ACCT: 000723600057 MR#: 000001133350  
Michael O'Connor, MD\*  
AUTH ID: 2670

## CONSULTATION

each week and to start oral calcium 1000 to 1500 mg daily and to follow up in 2 months with laboratories prior. I also recommended a GI and a rheumatological consult. The reason for the GI consult is to assess whether he might have a gastrointestinal problem that could affect his absorption of calcium and vitamin D and the rheumatological consult is to assess him for other causes of arthritis and pain.

MO: Spheris26712

D: 08/24/07 17:23 T: 08/25/07 08:09 DOCUMENT: 200708250097092600

Michael O'Connor, MD\*

## DISCHARGE DIAGNOSIS:

Acute Card Failure, low back pain, Arterio

ACTIVITY  
DIET  
DISCHARGE/  
HOME CARE☒ No Restrictions OR☒ Shower OK☒ No Restrictions OR

Home Care / Discharge Plans are:

☐ Sutter Visiting Nurses Association 492-4600☐ Other Home Care agency

Outpatient Lab tests:

☐ Labs by Home Nurse

Fax/send results to:

Additional home instructions (pamphlets, instruction sheets etc.):

☐ Recovery Guide (diagnosis specific folder) ☐ Other☐ Care Notes handout specific to diagnosis or medications

## CHF Patients - For Congestive Heart Failure Patients:

- Weigh yourself at the same time every day. Keep a record of your weight to show your doctor.
- Call your doctor if symptoms worsen such as:
  - Weight gain of 3 or more pounds in 2 days
  - Increasing swelling in the legs or abdomen
  - Increasing shortness of breath, wheezing at night, faster heart beat or chest pain

## Smoking Information:

If you smoke, there are resources to help you quit. Call 1-800-NO-BUTTS or ask your Nurse or Doctor for information about how you can stop smoking.

## Ask your Doctor about flu and pneumonia vaccinations

Call for your next Appointment in \_\_\_\_\_ weeks/days with:

DR. \_\_\_\_\_ Phone: \_\_\_\_\_

Address: *flu Dr Michael O'Connor (endocrin)*

Call for your next Appointment in \_\_\_\_\_ weeks/days with:

DR. \_\_\_\_\_ Phone: \_\_\_\_\_

Address: *+ suggest Rheum Consult*

## Appointments made for you before discharge:

DR. \_\_\_\_\_ Date \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

DR. \_\_\_\_\_ Date \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Other information/Symptoms to report to MD:

*Need follow-up labs, follow-up endocrin (Rheum)*

## Be sure to call your doctor if anything unusual occurs, or for any questions you may have.

IF Limited English Proficiency:

☐ Language Line used☐ Certified Translator used

Name: \_\_\_\_\_

#: \_\_\_\_\_

☐ Patient Preferred Translator used

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

I certify that I understand these instructions and have received a copy thereof.

*Raynell Carmichael**10/13/2007*

Patient/Other Signature

Date

Physician Signature

Date

Discharge Date: *10/13/07*Time: *1500**Woodall R*  
MGH Staff Signature and Title

31256 (Rev. 5/1/06)

Marin General  
Hospital

A Sutter Health Affiliate

250 Bon Air Road  
Greenbrae, CA 94904  
(415) 925-7000

## Discharge Instruction Sheet

00905754545

02-19-82-52

CDCD25366CARMICHAEL, RAYNEL

DOB: 4/17/51 56y M ADT: 10/5/07

ADM: HOSPITALIST MGH, PROG MED

ATT: HOSPITALIST MGH, PROG I/I

IDWRITE

REC. NO.



STAT [X]

MARIN GENERAL HOSPITAL

250 BON AIR RD GREENBRAE, CA 94904

(415) 925-7000

October 10, 2007 09:22

Page: 3 of 3

CDCD25366CARMICHAEL, RAYNELL R

Acct: 905754545

Allergies: METHADONE

Address: 100 MAIN DR

SAN QUENTIN, CA 94964

# PRESCRIPTIONS - FOR OUTSIDE PHARMACY/FACILITY USE ONLY PRN AND ADDITIONAL MEDICATIONS

Name / Strength	Dose	Route	Frequency	Disp. #	Refills
-----------------	------	-------	-----------	---------	---------

Magnexide 400 mg po bid x 7 days					
Omeprazole 20 mg po Daily					
Vitamin D + Calcium on HOLD for now					
HCTZ on HOLD, <del>add back</del> on HOLD					
L-Sinepril 5 mg po Daily					
Lipitor on hold, need to re check Serum CPK + when normal can re challenge					
No more Naproxen or Ibuprofen					

PLEASE NOTE: Pharmacies will not accept the original of this prescription for Controlled Substances such as Vicodin, Ambien or Valium.

Date: 10/10 MUST WRITE # of Prescriptions to be filled above = 6

MD Sign: [Signature] MD Print: \_\_\_\_\_ CA Lic: \_\_\_\_\_

Fax to: \_\_\_\_\_ Office Phone: \_\_\_\_\_ DEA#: \_\_\_\_\_

Scan to MGH Pharmacy; Copy to chart & facility;

Fax to patient pharmacy if asked & then stamp FAXED on Original; Original to Patient

STATE OF CALIFORNIA  
GA-22 (9/92)

## INMATE REQUEST FOR INTERVIEW

DEPARTMENT OF CORRECTIONS

DATE 8-9-2007	TO CMO-Chief Medical Officer Dr. Rene Kanan, MD.	FROM (LAST NAME) Carmichael, Raynell	CDC NUMBER D-25366
HOUSING 2N1-L	BED NUMBER 2N1-L	WORK ASSIGNMENT U/A	JOB NUMBER FROM _____ TO _____
OTHER ASSIGNMENT (SCHOOL, THERAPY, ETC.) U/A			ASSIGNMENT HOURS FROM _____ TO _____

Clearly state your reason for requesting this interview.

You will be called in for interview in the near future if the matter cannot be handled by correspondence.

HELP!!!-HELP!!!-HELP!!!-RIGHT NOW!!!, I am writing in regards to my serious medical conditions that I have. That I continue to still experience into NOT finding the real cause as the Elevated Alkaline phosphatase, 305-Out of Range, reference Range 40-115, Alkains Phos ISO-295-Out of Range -Reference

INTERVIEWED BY

DATE

DISPOSITION

Range 41-130, Intestine ISO 15-14 or Less, Bone ISO 224, Out of Range, Reference Range 12-84, This along with the Vitamin D-deficiency which is still a problem with No sure answer as to WHY! or the CAUSE!. Let me explain some things that has taken place which I believe you all ready have full knowledge of. It was determinen that I do have a Vitamin D-deficiency with only 8-IU total with in my body. I was started on taking 50,000 IU 2 x a day=100,000 a day, After being sick I started to self Educated my self about my diagnosis the medical test, and treatment plan I gather information from the library medical books, and from respected internet sites, and then finding out the over load of Vit D-Causes TOXICITY. I was over loaded with 67,000 to 50,000 IU a day. I Inform Dr. david of this and once she did her investigation she then Inform me to decrease my Vit D from 100,00IU a day to 50,00 IU. once a week. after the Vit D levels reach up to 2008 IU-over 108 IU over the Reference Range . It started dropping from 208-88 IU, 88-68 IU, it has drop 20-points On April 25, 2007, Dr. Madrilego recommended that I be seen by a Bone and Metabolism specialise Expert. NOW! For some Unknow reason, I was seen by another Endocrinologist. Dr. O'Connell on May 25, 2007, which recommended that I be Evaluated by an Rheumatology as of AUGUST 9, 2007, over 90-days, and I have still have not been seen WHY! It was suggested I be seen at UCSF. It's my understanding that I have 3-Type of Bones Diseases(1) Superimposed Osteoarthritis a Rampant degenerative Joint Disease. (2) Osteomalacia soft Bones, (3) Osteopenia Brittle Bones, Now due to the FACT that UCSF were the Doctor's who descoverd the Elevated Alkaline phosphatase Untreated for over



2½-years why not send me back there? for the follow up treatment. Dr. Rene Kanan, MD. Chief Medical Officer. I have stated my dissatisfaction in the past and the present due to the Fact of the continues delays denial and obstructions in not finding the root cause of my elevated Alkaline phosphatase and the root cause of the unbalance Vitamin D, How are you as well as Dr. David going to be able to determinen the cause and why my body is not absorbing the Vit D ? from my food, Why hasn't Blood Test been requested to see are there other vitamins deficiency etc. That are not absording ? WHY! Next, I am asking you CMO-Dr. R. Kanan MD. the same? which I've asked CMO-Dr. K. Saylor, MD. which said that this type of Bone disease are not life treatening? meaning the sooner the treatment has started. the better the out come in avoiding PERMANET DAMAGE all so meaning irreversible damage. The latest is that I have been experiencing being tired, a sick feeling and feverish that has manifested in my whole body, Lower Back, Left shoulder blade, Elbow, Neck, it is spreading in my right shoulder, Elbow, Right Thumb, right knee, at times it is hard to differeniate if my pain is from my bones or muscles. It has been difficulty siting down or standing up from a chair, getting in and out of bed and even shifting around in bed from side to side etc. I can remember these same feeling when I was at High Desert, But I was told it was only Arthritis, I have learn it is more than arthritis, This is what I am feeling now. I can tell that these bone diseas are progressess spreading quickly in to my Right shoulder, elbow, right thumb, if these bones diseas has no CURE, Give me some thing to slow the spreading to other bones. Like Nutritional Supplements "Glucosamine & Chondroitin Sulfate". Vitamins D, C, E, & Beta Carotene. Joint Lubrication-SYNVISCO.COM. It has been over a Year July 7,06, since I had my Last CT-Bone Scan. I am requesting another total Body CT-Bone Scan to determinen how much more these Diseas has spreaded to other Bone parts with in my Body as well as an MRI. Now along with these matters are other Issues that I want to address follows.

URGENT ISSUE: CMO-Dr. Rene Kanan.MD. Please take Notice of this on going situation of your medical staff, that continues Nonperformance and failure in wearing gloves in dispensing medication to Inmate patients that are under the Doctor's care. these health professionals all should know Washing hands and wearing Gloves is the most inportant way to prevent the spread of infections & Voruses when administering medication or treatment, Every one that doesn't comply to these guidelined are disrespecting, dehumanizing and demoralizing each Inmate patients. This is unacceptable in health facility on the street it should be the same here. This is a issue that you can and should address with the URGENCY as you can see the "ATTACH COMPLAINT" dated April 17, 2007, The medical staff that do wear gloves do the same things as not wearing gloves. They Touch every thing in sight and put the medication



in a cup or in your hand, and expect for the patient to put it in there mouth and then open it, so that they can see if you have taken it. I am told that is the rule. what is the PROTOCOL!!!??? as to medical staff in dispensing medication.

COMPLAINT ISSUE: Copies of medical Records in a timely manner"SEE ATTACH Inmate Appeal" I need my medical Records to review due to the FACT & Present. in adequate medical care that was provided was an deliberate indifference to my serious medical needs, by Physician unprofessional conduct misdiagnosis acts of gross negligence, substandard medical care, delays in treatment, etc. Now For these Very reason to self Educate my self about my diagnosis, the medical test I am undergoing, and treatment plan. I gather information about my condition and I pay close attention to the care I am receiving making sure I am getting the right treatments & medications.

COMPLAINT ISSUE: Unable to read Doctor's Names "See Attach Letter" and there reply you are inthe same person. I believe you know it is hard as well as unable to read Doctor's hand writing. I am requesting that you personally provide me all there Doctor's Lic#.

**Charles F.A. Carbone, Esq.**

Attorney

August 14, 2007

Sent via U.S. Mail.:

Dr. Rene Kanan, M.D.  
Chief Medical Officer  
SQSP  
San Quentin, CA 94974

**Re: Unmet Medical Needs of I/M Carmichael (D-25366)**

Dear Dr. Kanan:

On behalf of the above-referenced inmate and client of mine, I write to respectfully request that you or your medical staff inquire on the inmate's medical needs. In short, inmate Carmichael was recommended for a consultation with the bone metabolism physician since April 26, 2007, and unfortunately no such medical care has been provided to date. He was further ordered to see a Rheumatology specialist since May 25, 2007, and no such referral has occurred. Moreover, inmate Carmichael's medical condition continues to worsen. I've enclosed a copy of his medical lab tests so that you can readily identify the needs of this inmate.

Please ensure that inmate Carmichael's medical needs are immediately cared for and met. His case is quite deserving of medical attention.

Please do not hesitate to contact me with any questions or concerns, and thank you in advance for your attention to this matter.

Sincerely,



Charles Carbone, Esq.

CC:

Robert Sillen, Federal Receiver's Office.

Quest Diagnostics 967 Mabury Road San Jose, CA 95133 (408) 975-1000 1 (800) 288-8008 5 3714 Northgate Blvd. Sacramento, CA 95834 1 (916) 927-9900 1 (800) 952-5691

Client Name: CARMICHAEL, RAYNELL

Client: CALIFORNIA STATE PRISON

DOB: 04/17/1951

DOB: M NON-FASTING

1 SAN QUENTIN  
SAN QUENTIN, CA 94964

CHART #: D2536C  
LOCATION: 2N/L

DAVID,  
415-454-1400 X5531

Accession No. 506944914  
07/25/07 09:45  
Collected: 07/25/07 10:15  
Received: 07/29/07 06:02  
Reported:  
Re-reported: FINAL 1  
Report Status: Page:

Equitation #: 19198C	In Range	Out of Range	Reference	Units	PS
COMPREHENSIVE METABOLIC PANEL					
COMPREHENSIVE METABOLIC PANEL					
SODIUM, SERUM	139		135-146	mmol/L	SC
POTASSIUM, SERUM	4.3		3.5-5.3	mmol/L	SC
CHLORIDE, SERUM	101		98-110	mmol/L	SC
CARBON DIOXIDE (CO2)	20		16-26	mmol/L	SC
UREA NITROGEN, BLOOD (BUN)	14		7-25	mg/dL	SC
CREATININE, SERUM	1.2		0.5-1.3	mg/dL	SC
eGFR	>60		SEE BELOW		SC
REFERENCE RANGE:	= 60 ml/min/1.73m2				
IF PATIENT IS AFRICAN AMERICAN	MULTIPLY REPORTED RESULT BY 1.21.				
GLUCOSE	93		65-99	mg/dL	SC
CALCIUM, SERUM	9.8		8.6-10.2	mg/dL	SC
TOTAL PROTEIN	7.6		6.2-8.3	g/dL	SC
ALBUMIN	4.3		3.6-5.1	g/dL	SC
GLOBULIN, TOTAL	3.3		2.1-3.7	g/dL	SC
A/G RATIO	1.3		1.0-2.1	ratio	SC
AST (SGOT)	20		10-35	U/L	SC
BILIRUBIN, TOTAL	0.4		0.2-1.2	mg/dL	SC
ALT (SGPT)	25		9-60	U/L	SC
ALKALINE PHOSPHATASE		305 H	40-115	U/L	SC
ALKALINE PHOSPHATASE ISOENZYMES					
ALKALINE PHOS ISO		292 H	41-130	IU/L	NI
INTESTINE ISO		15 H	14 OR LESS	IU/L	NI
PLACENTAL ISO	0		UNDETECTABLE	IU/L	NI
BONE ISO		224 H	12-84	IU/L	NI
LIVER ISO	53		13-92	IU/L	NI
Increased intestinal alkaline phosphatase can be seen in blood group O and B secretors and after fatty meals.					
VITAMIN D, 25-HYDROXY, LCMSMS					
VITAMIN D 25, TOTAL	68		20-100	ng/mL	NI
VITAMIN D 25, D3	4			ng/mL	NI
VITAMIN D 25, D2	54			ng/mL	NI
25-OH23 indicates both endogenous production and supplementation. 25-OH22 is an indicator of exogenous sources such as diet or supplementation. Therapy is based on measurement of Total 25-OH23, with levels <20 ng/mL indicative of Vitamin D deficiency while levels between 20 ng/mL and 30 ng/mL suggest insufficiency. Optimal levels are >30 ng/mL.					
3 (3RD GENERATION)					
TCN (HIGH SENSITIVITY)	1.13		0.40-5.50	μIU/L	SC
REPORT CONTINUED ON NEXT PAGE / LEGEND ON LAST PAGE					
014934 CARMICHAEL, RAYNELL					



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Millard Murphy  
Sara Norman  
Keith Wattle

## MEMORANDUM

To: Jon Wolff, Supervising Deputy Attorney General  
From: Alison Hardy/SW  
Date: 8/16/2006  
Re: Plata 4 – Individual Inmate Possible Urgent Medical Concern – Request for Review

Raynell Carmichael, D-25366

SQ

Region 2

Mr. Carmichael may have an urgent medical concern. Mr. Carmichael writes that he suffers from multiple myeloma. He writes that this finding came about due to high levels of alkaline phosphates, which he has had since 2004. He writes that PA Scott told him that the cancer has spread to other parts of his body. Mr. Carmichael also writes that PA Scott tried on at least two occasions to schedule an appointment with an oncologist, but was unsuccessful.

Please respond to the following:

1. Has Mr. Carmichael been scheduled for an appointment with an oncologist? Please explain.
2. What is Mr. Carmichael's current treatment plan?

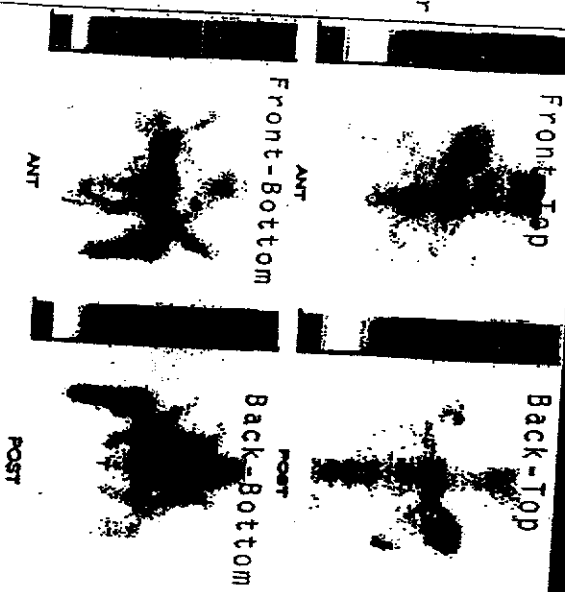
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6

The Black & Gray area is where the Bone disease has spreaded-osteopenia !

Novato Community Hospital  
 CDCD25366CARMICHAEL, RAYNELL DOB: 4/7/51 ID: 02164861 SEX: M  
 STUDY: Bone Scan STUDY DATE: 7/7/06 ACCESSION #: NVN05534



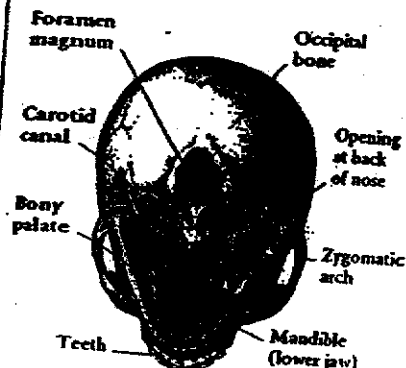
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Master 1  
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 CD:CD25366 CARMICHAEL, RAYNELL  
 RAD# 059570  
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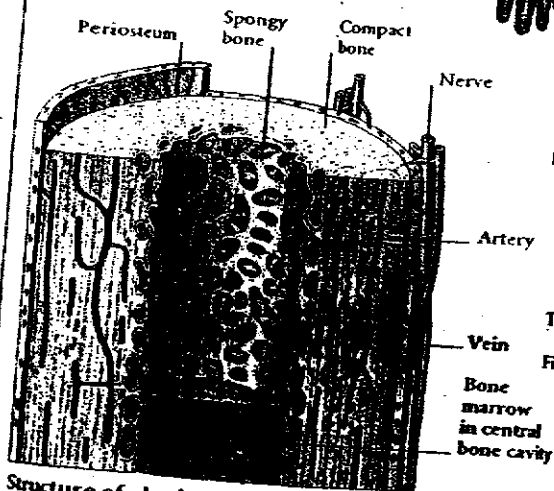
## MUSCULOSKELETAL SYSTEM

**STRUCTURE THE BODY'S SKELETON**

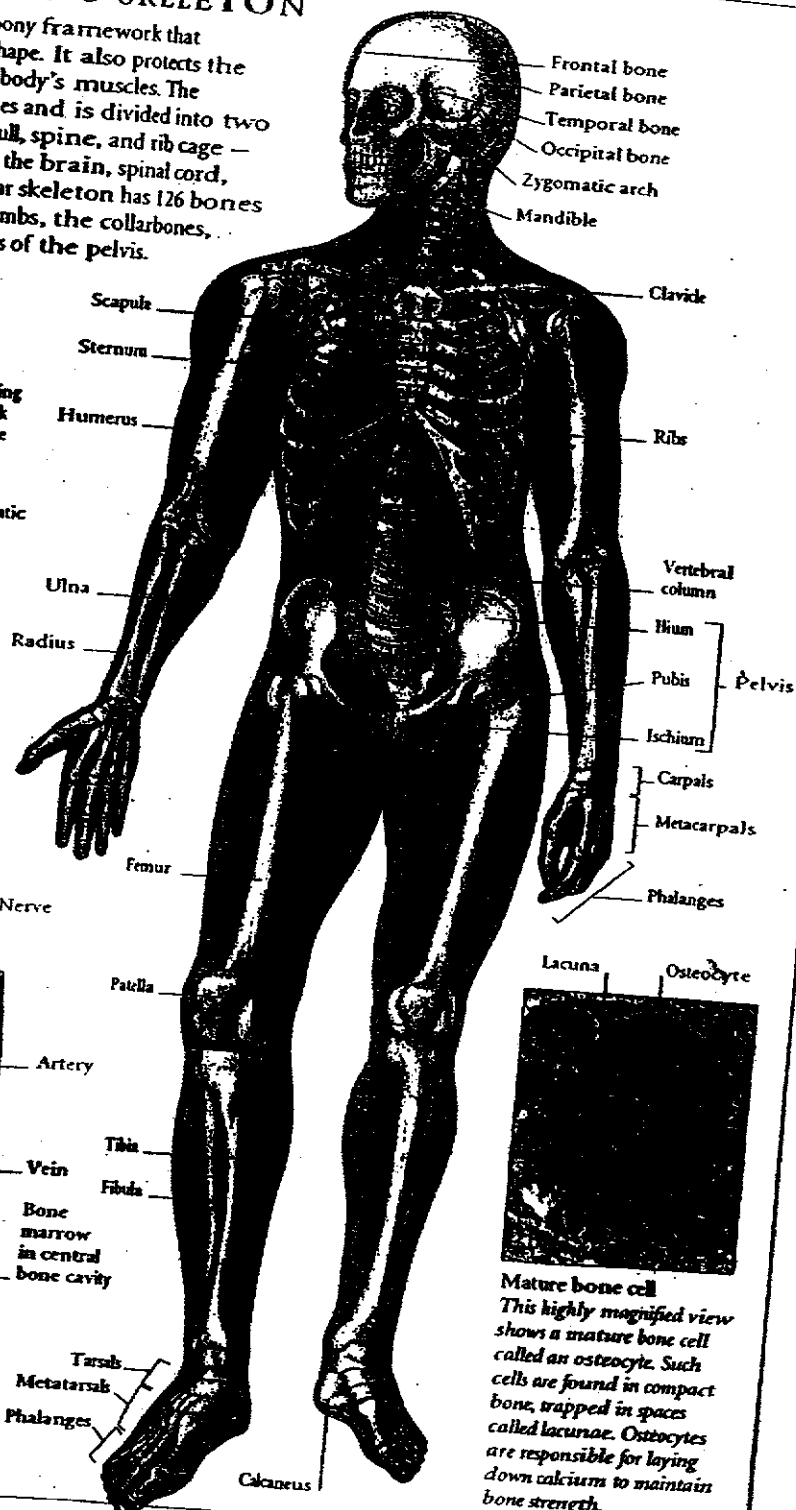
The adult human skeleton is a bony framework that supports the body and gives it shape. It also protects the internal organs and anchors the body's muscles. The skeleton is composed of 206 bones and is divided into two parts. The axial skeleton – the skull, spine, and rib cage – consists of 80 bones and protects the brain, spinal cord, heart, and lungs. The appendicular skeleton has 126 bones and consists of the bones of the limbs, the collarbones, the shoulder blades, and the bones of the pelvis.



**View of the skull from below**  
The skull has several holes through which vital structures connect with the brain. The spinal cord passes through the foramen magnum, the largest hole. The carotid arteries pass through smaller, paired holes to supply blood to the brain.



**Structure of a long bone**  
A long bone, such as the femur, has a marrow-filled cavity surrounded by spongy bone. The next layer is denser, compact bone. Covering the outer surface is a membrane (periosteum), which contains nerves and a network of blood vessels.



**Mature bone cell**  
This highly magnified view shows a mature bone cell called an osteocyte. Such cells are found in compact bone, trapped in spaces called lacunae. Osteocytes are responsible for laying down calcium to maintain bone strength.

9835 77

00059



**Correctional Medicine Consultation Network**  
**Department of Family and Community Medicine**  
**University of California, San Francisco**

Carmichael, Ray D25366  
 8/29/06

55 year old man with HTN, hyperlipidemia, obesity, DJD, elevated alkaline phosphatase for 2 ½ years, currently undergoing workup to rule out multiple myeloma or metastatic disease. To summarize patient's course, he was initially noted to have elevated alkaline phosphatase in February 2004 with a normal GGT in 4/2004. No further workup was done on this until 4/06 when alkaline phosphatase isoenzymes revealed an isolated elevated bone isoenzyme. At that time Mr. Carmichael was complaining of back pain and BRBPR. Given a family history of colon cancer, he was scheduled for colonoscopy and CT chest/abdomen/pelvis to rule out metastatic disease. Colonoscopy was negative except for 2 polyps which were biopsied, pathology report pending. On 6/8/06, CT chest and abdomen were negative. CT pelvis showed mottled lesion in L femoral neck and sacrum which "could be due to osteopenia, multiple myeloma, and/or metastatic disease". At that time a SPEP/UPEP and bone scan were ordered. Labs from 6/27/06 showed UPEP negative. SPEP showed barely elevated alpha 2 globulin at 1.0 gm/dL (upper limit of normal is 0.9). Total protein is normal at 7.4. Bone scan on 7/7/06 showed diffuse uptake consistent with possible infiltrative disease in multiple sites. Of note, Mr. Carmichael has normal hematocrit, creatinine, PSA, and CEA. PTH (intact) is elevated at 84 with a normal calcium of 9.7.

**Assessment:**

In summary, Mr. Carmichael's lab and imaging abnormalities are more consistent with metabolic bone disease possibly due to a vitamin D deficiency or less likely a parathyroid abnormality. There is no evidence of multiple myeloma as globulin spikes in multiple myeloma are generally in the range of > 3 g/dl. Mr. Carmichael's case was discussed with Dr. Kaur, oncology, who felt there was no need for further workup of malignancy or bone marrow biopsy as metastatic disease is very unlikely since he has completed age appropriate cancer screening all of which has been negative, in addition to negative CT scans of the chest/abdomen/pelvis.

**Plan:**

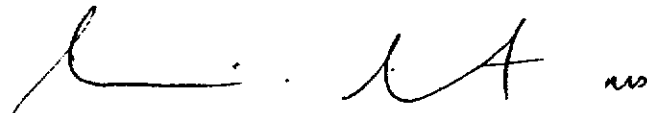
We recommend checking a 25-hydroxyvitamin D (calcidiol) level and phosphorous level to rule out vitamin D deficiency, the most common cause of osteomalacia. If his phosphate and calcidiol levels are low, he will need to be treated for vitamin D deficiency. If vitamin D deficiency is present, Mr. Carmichael will likely require aggressive replacement depending on his degree of deficiency, consider an Endocrine consultation for specific recommendations if necessary. If these are normal, the next step would be to recheck a calcium level and consider an Endocrine consultation with a possible nuclear medicine evaluation of parathyroids to rule out parathyroid adenoma.

RECEIVED THIS ON 9-13-06



- If all the above work up for parathyroid/vitamin D disease is negative, would then re-consider an oncology consult for bone marrow biopsy to aid in diagnosis.
- Since Mr. Carmichael's symptoms are likely all due to DJD with possible superimposed bone disease, it is expected that he would experience considerable pain. Upon discussion with Mr. Carmichael, he is experiencing significant discomfort, therefore we recommend more aggressive pain control along with diet and weight loss counseling.
- In terms of his hypercholesterolemia, Mr. Carmichael is inadequately controlled with a most recent total cholesterol in February 2006 of 266. We recommend increasing his dose of atorvastatin.
- Also, Mr. Carmichael should have a repeat SPEP/UPEP in 1-2 years to monitor for progression to MGUS.

Feel free to contact us with any questions,

A handwritten signature in black ink, appearing to read 'L. Suiter'.

Liz Suiter, MD UCSF Primary Care Internal Medicine Resident, R3  
Shira Shavit, MD UCSF Assistant Clinical Professor Dept. Family Medicine

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

# Inmate Request for Interview

To: CMO-Dr. Karen Saylor Date: November 27, 2006

From: Carmichael, Raynell D-25366 2N-01-L 2N-01-L

(Last Name) (Number) (Housing) (Bed Number)

Work Assignment U/A Job Hours \_\_\_\_\_ to \_\_\_\_\_

Other Assignment U/A From \_\_\_\_\_ to \_\_\_\_\_

(School, therapy, etc.)

Kindly explain in detail your reason for requesting this interview. You will be called in for interview in the near future if the matter cannot be handled by correspondence. Unless your problem is stated clearly, this form will be returned.

First, I am writing in regards to Dr. Liz suiter, Dr. Shira Shavit, M.D. each from University of California-Hospital, San Francisco, "Consultant" for CDCR-San Quentin State Prison Correctional Medicine Network, Department of family and Community Medicine. dated August 29, 06

(Do NOT write below this line. If more space is required, write on back.)

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Disposition: \_\_\_\_\_

CA 22 (6-88) Which a copy was given to you, one place in my medical file. I didn't received my copy untill sepetember 13, 2006, with in this letter there is a Plan and Recommendation. I have been denied that treatment plan. It is noted that Alkaline Phosphatase have been and continue to be elevated for over 2 1/2 years. on August 29, 06, I was seen by Dr. Zalpuri who read the letter by Dr. shavit as well as being in formed a head of time about my medical condition. she had full Knowledgal, But she only order a Blood Test for my CHOLESTEROL No Blood Test for Vitamin-D-or-Calcium levels for Déficiency. On september 27, 06, I was seen by Practitioner ERICKSON, Who all so read the letter dated August 29, 06, I was denied and refuse the Plan and Recommendation stated with in the letter. I was given inadequate medical treatment for my CHOLESTEROL, NO Treatment for left shoulder. Next I also am writing in response to our meeting on SEPTEMBER 18, 2006. which you promised me that you was going to contact Dr. Zalpuri after our meeting and that I would be call in to be seen by Dr. Zalpuri the next day on September 19, 2006, so that she could start ordering the Blood test to determin the type of Metabolic Bone Disease, I may have such as ostemalacia due to Vitamin D-deficiency. I didn't receive a copy of your letter of our meeting on September 18, 06, untill OCTOBER 3, 2006. Now, In reviewing your letter you made a Number of Statements concerning my medical condition. That have not Yet!? taken place since August 29, 06, to september 19, 06, and some still at the present time. I am going to comment on a few of your statements you made, and that is this Metabolic Bone Disease is not life threatening and are reversible in the vast majority of cases, which I've learn is true, But, you as a Doctor your self and even check in to my conditions. KNOW for a FACT that the sooner treatment is started, the better the propects are for avoiding PERMANENT DAMAGE! Ifo too much time has not Elapsed, due to the lenght of time. 2 1/2 Pluse years may become permanet. Now after 3-or more Health Care Services Request Form. I was seen by Dr. GRANT, who read the letter dated August 29, 2006, and he order the specific Blood Test to determine Vitamin D & C-deficiency, Increase Lipitor, renew medication, order X-Rays taken again for left shoulder & Elbow due to Bone to Bone grinding, left notes for next Doctor concerning shot to releave acute chronic pain. On NOVEMBER 14, 2006, I was seen by Dr. DASZKO, J. M.D. who read the letter dated August 29, 2006, and took Action, First located my last Blood Test. then he Phone UCSF-HOSPITAL to speak with and "ENDOCRINOLOGIST" and read him my Blood LAB Test, elevated Alkaline Phoshatase. The Endocrinologist gave his recommendation for a treatment Plan. (Vitamin-D-injections 33000 mgs. Twice A week and then once a week for 3-Months, Dr. DASZKO, Call the Pharmacy and the Pharmacy told him they didn't

have it, and would order it.!? I have learn that The Pharmacy is unable to order . THIS IS MY PRESEN PROBLEM!!! It has been over 24-Hours that I have been waiting for this medication I continue to experience Multiple incidents of negligence , medical Malpractice, inadequate medical treatment for my serious medical needs. all these denieds, delays Constitute Cruel and unusual punishment is a deliberate indifference to a serious medical need. How long will it continue befor I receive the Vitamin D injection to prevent any more great bodily injury, because this progressive deterioration is probably irreversible that has occurred all ready. The failure to obtain the Vitamin D-for injection falls below the standard of care. as well as other medical issues. Dr. Saylor LVN-EVANS inform me that she was going to inform you of the (URGENT) need for this medication, and that in situation like this in the past you would write a Check and for some one to go and pick it up from "Marin General-Hospital". or a local Hospital untill it is found!? For these reason past and present problems, Plus the FACT! that you promised me and ensured me that you would personally follow-up as we discussed with in our metting that I would start receiving the Next day the appropriate medical care. I am still waiting-URGENT!!! will you step in and deal with this present situation in geting me the requested Vitamin D-for injection. I look forward to hearing from you ASAP! Thank you in advance for your time,efforts in this matter.

Cc: Alison Hardy, Esq; PLO  
Personal File  
ETC.

Sincerely

Raynell Carmichael



Raynell Carmichael, D-25366  
San Quentin State Prison-2N-01-L  
San Quentin, CA. 94974  
E-Mail:deniedjusticerc@msn.com

In Pro-Per  
HELP WANTED

TRUTH-----JUSTICE-----INTERGRITY

Justice

February 4, 2007



Justice

Mr. Robert Ayers, Jr. Warden

Re: HCM-CMO-Dr. Karen Saylor, MD  
Refusal to Return ADA-602 Appeal Log# 3-06-02801

Dear. Robert Ayers, Warden

I am writing to you for your assistance and to bring to your attention an on going problem with the health care system here at San Quentin. That I continue to experience. I wrote you a letter dated July 27, 2006, explaining two of many medical problems that I was having. The first one was dealing with scheduling to get an colonoscopy done. Than you for your helping hand at that time. The other problem I was having was the appropriate screening done to determine and rule out Bone Cancer Multiple Myeloma or Metostatic. Warden I don't believe you know all or some of the things that go on here. my situation had gotten so bad, that I had to have my wife and daughter write you] letters as well as CMO Dr. saylor for help! But I ran into many issuses that I want to share with you. My wife wrote you on August 28, 2006, which you for warded to the CMO. My daughter made calls from Atlanta Ga. and spoke with the CMO which the CMO never return any calls to my wife or my daughter. Warden, I had to contact out side people , and other agencys for help! I found out that San Quentin has made false statements, gave fabricated explanation that were bogus. A true investigation would reveal the injustice that has been going on I am hoping that you personally READ all of this Info. that I have sent. They speak for them selves. the problem at the present time as well as in the past even deals with another Appeal Log# CSQ-06-1277, which I've made every "GOOD FAITH EFFORT" in full compliance, in spite of the delays from the CMO the ASSIGENED STAFF REVIEWER. Now I will touch on a few issuses. warden what you will read doesn't take a Rocket Sicemtist to figure out this gross deviation form the standard of medical care showing years of failure to order the Right Blood Test performed . it is so blatantly inapporprate as to the Evidence with my medical file. O'yes I just receive some copyies of my files some of them are missing. Thank God for the people that are perfessional here who gave me copies, so I have copys of the missing ones. which I have sent out

all ready to the PLO-Robert Sillen-ETC. Now once the consultants submitted the Plan & Recommendation it still took over 60-days to get the treatment started on Oct 31, 2006, Dr. Grant read the letter dated 8-29-2006, and order the Blood Test! left notes for the next Doctor, who was Dr. DASZKO. look at the Cc: it has Cc: to Dr. Zalpuri, MD plus look at the (YELLOW UNDERLINE)? Now my copies that I just got, The letter 8-29-2006, Now is stamp in the right corner received 9-8-2006, & 9-19-2006 ?, and mines is received Oct 3, 2006, Next look at the letter dated September 19, 2006 from the CMO Now look at the PRISON LAW OFFICE dated 9-20-2006, I wasn't being tested, a another? what you call it ? These are just a few example as to unprofessionalism that I've been receiving. If you check the records Dr. Zalpuri was out of work due to job stress related issues. as far back as August 31, 2006, Dr. Zalpuri wasn't working North Block at that or was Dr. DASZKO. But any way as you can see the CMO-HCM and other Medical Staff have not been performing as professionals, But each one does have a moral Ethical Responsibility to perform with integrity and pride, showing professionalism as health care providers treating inmates who have serious medical needs to stop the threat of any spreading disease, with the main objective meeting all Constitutional Standards of health care. WARDEN-Robert Ayers, Jr. I am at the right prison to get the right treatment Due to the Fact that the Judge Thelton E. Henderson has appointed Rober sillen as Federal Receiver to make changes to improve health care First starting with San Quentin so why am I being treated the way I have? Now I would like for you to tell the CMO-Dr. Saylor or HCM who ever has my 602 Log# SQ-06-2801 to return it back to me (RIGHT NOW!) so that I can move forward to the next level, I am dissatisfied, I have the right to state that, because there are other treatments that I am requesting I want done just to name a few , such as Blood Test every month to see the Significant drop in Alkaline Phoshatase Levels Number are coming down. Requesting another CT-Bone scan to see are the mottled lesion has stop spreading and start healing. I want to be seen by an Endocrinologist in person, Their has been request made and I still haven't been by one! ETC. I don't know if this is a Racial! thing or if it is just Evil Spirited people, see the Inmate request for interview dated Dec 27, 2006, No respond in the past or present. I have many other that have never been answerd!? WHY!? I believe it's the CMO Responsibility to answer all inquirys concerning an Inmates medical matters & issues. Warden the delays has violated my due process rights, Preventing me from Exhausting my administrative remedies under the CDCR-602 Inmate Appeals grievance process. Now befor I close I would like to commed all the medical staff who has treated me & other Inmates with dignity and respect. I have a sincere deep respect for their professionalism as health care providers. I would like to Than you in adavce for all your time, effort and cooperation in this matter. I look forward to hearing from you real soon.

P.S. ETC. ROBERT SILLEN-FEDERAL RECEIVER  
THELTON E. HENDERSON-FEDERAL JUDGE

Respectfully Submitted

Raymond Carmichael



To; JAYNE RUSSELL, PROGRAM MANGER FROM; RAYNELL CARMICHAEL, D-23366-8-14-07  
 UNDER ROBERT SILLEN-FEDERAL RECEIVER'S  
 AT San Quentin State Prison

\*\*\* I am question your URGENT-Attention to my inadequate Medical treatment for a serious medical need. PLEASE!!!, Read and take notice with the necessary action; A copy was sent to the CMO\_Dr. R. Kanan MD. on Aug 9, 2007  
 CC; to file

Thank you very kindly

Raynell Carmichael

HELP!!!-HELP!!!-HELP!!!-RIGHT NOW!!!, I am writing in regards to my serious medical conditions that I have. That I continue to still experience into NOT finding the real cause as the Elevated Alkaline phosphatase, 305-Out of Range, reference Range 40-115, Alkains Phos ISO-295-Out of Range -Reference

Range 41-130, Intestine ISO 15-14 or Less, Bone ISO 224, Out of Range, Reference Range 12-84, This along with the Vitamin D-deficiency which is still a problem with No sure answer as to WHY! or the CAUSE!. Let me explain some things that has taken place which I believe you all ready have full knowledge of. It was determinen that I do have a Vitamin D-deficiency with only 8-IU total with in my body. I was started on taking 50,000 IU 2 x a day=100,000 a day, After being sick I started to self Educated my self about my diagnosis the medical test, and treatment plan I gather information from the library medical books, and from respected internet sites, and then finding out the over load of Vit D-Causes TOXICITY. I was over loaded with 67,000 to 50,000 IU a day. I Inform Dr. david of this and once she did her investigation she then Inform me to decrease my Vit D from 100,00IU a day to 50,00 IU. once a week. after the Vit D levels reach up to 2008 IU-over 108 IU over the Reference Range . It started dropping from 208-88 IU, 88-68 IU, it has drop 20-points On April 25, 2007, Dr. Madrilego recommended that I be seen by a Bone and Metabolism specialise Expert. NOW! For some Unknow reason, I was seen by another Endocrinologist. Dr. O'Connell on May 25, 2007, which recommended that I be Evaluated by an Rheumatology as of AUGUST 9, 2007, over 90-days, and I have still have not been seen WHY! It was suggested I be seen at UCSF. It's my understanding that I have 3-Type of Bones Diseases(1) Superimposed Osteoarthritis a Rampant degenerative Joint Disease. (2) Osteomalacia soft Bones, (3) Osteopenia Brittle Bones, Now due to the FACT that UCSF were the Doctor's who discovered the Elevated Alkaline phosphatase Untreated for over

2½-years why not send me back there? for the follow up treatment. Dr. Rene Kanan, MD. Chief Medical Officer. I have stated my dissatisfaction in the past and the present due to the Fact of the continues delays denial and obstructions in not finding the root cause of my elevated Alkaline phosphatase and the root cause of the unbalance Vitamin D, How are you as well as Dr. David going to be able to determinen the cause and why my body is not absorbing the Vit D ? from my food, Why hasn't Blood Test been requested to see are there other vitamins deficiency etc. That are not absording ? WHY! Next, I am asking you CMO-Dr. R. Kanan MD. the same? which I've asked CMO-Dr. K. Saylor, MD. which said that this type of Bone disease are not life treatening? meaning the sooner the treatment has started. the better the out come in avoiding PERMANET DAMAGE all so meaning irreversible damage. The latest is that I have been experiencing being tired ; a sick feeling and feverish that has manifested in my whole body, Lower Back, Left shoulder blade, Elbow, Neck, it is spreading in my right shoulder, Elbow, Right Thumb, right knee, at times it is hard to differeniate if my pain is from my bones or muscles. It has been difficulty siting down or standing up from a chair, getting in and out of bed and even shifting around in bed from side to side etc. I can remember these same feeling when I was at High Desert, But I was told it was only Arthritis, I have learn it is more than arthritis, This is what I am feeling now. I can tell that these bone diseas are progressess spreading quickly in to my Right shoulder, elbow, right thumb, if these bones diseas has no CURE, Give me some thing to slow the spreading to other bones. Like Nutritional Supplements "Glucosamine & Chondroitin Sulfate". Vitamins D, C, E, & Beta Carotene. Joint Lubrication-SYNVISCO.COM. It has been over a Year July 7,06, since I had my Last CT-Bone Scan. I am requesting another total Body CT-Bone Scan to determinen how much more these Diseas has spreaded to other Bone parts with in my Body as well as an MRI. Now along with these matters are other Issues that I want to address follows.

URGENT ISSUE: CMO-Dr. Rene Kanan.MD. Please take Notice of this on going situation of your medical staff, that continues Nonperformance and failure in wearing gloves in dispensing medication to Inmate patients that are under the Doctor's care. these health professionals all should know Washing hands and wearing Gloves is the most inportant way to prevent the spread of infections & Voruses when administering medication or treatment, Every one that doesn't comply to these guidelines are disrespecting, dehumanizing and demoralizing each Inmate patients. This is unacceptable in health facility on the street it should be the same here. This is a issue that you can and should address with the URGENCY as you can see the "ATTACH COMPLAINT" dated April 17, 2007, The medical staff that do wear gloves do the same things as not wearing gloves. They Touch every thing in sight and put the medication



in a cup or in your hand, and expect for the patient to put it in there mouth and then open it, so that they can see if you have taken it. I am told that is the rule. what is the PROTOCOL!!!??? as to medical staff in dispensing medication.

COMPLAINT ISSUE: Copies of medical Records in a timely manner"SEE ATTACH Inmate Appeal" I need my medical Records to review due to the FACT & Present. in adequate medical care that was provided was an deliberate indifference to my serious medical needs, by Physician unprofessional conduct misdiagnosis acts of gross negligence, substandard medical care, delays in treatment, etc. Now For these Very reason to self Educate my self about my diagnosis, the medical test I am undergoing, and treatment plan. I gather information about my condition and I pay close attention to the care I am receiving making sure I am getting the right treatments & medications.

COMPLAINT ISSUE: Unable to read Doctor's Names "See Attach Letter" and there reply you are inthe same person. I believe you know it is hard as well as unable to read Doctor's hand writing. I am requesting that you personally provide me all there Doctor's Lic#.

## Report View

## Patient Demographics

Requisition Number: 159111  
 Patient Name: CARMICHAEL, RAYNELL  
 Age: NG  
 Birth Date:  
 Gender: M  
 Social Security Number:  
 Accession Number: GQ0821981  
 Urine Volume:  
 Lab Ref Num: 2N1  
 Report Comments:

Client: 4810945  
 Referring Physician: GRANT  
 Room/Loc:  
 Patient Id: D25368  
 Patient Phone:  
 Collected: 11/06/2006 07:30AM  
 Logged: 11/08/2006 11:59PM  
 Reported: 11/12/2006 01:04PM

## Report Name

## Results

Units Referer  
Rang

\*REPORT COMMENTS: SEE NOTE

AGE AND/OR SEX NOT KNOWN. FOR TESTS WITH REFERENCE RANGES WHICH VARY  
 AS A FUNCTION OF AGE OR SEX, WE CANNOT PROVIDE AGE OR SEX-SPECIFIC  
 REFERENCE RANGES.

## VITAMIN D, 25-HYDROXY, LCMSMS

VITAMIN D 25, TOTAL: 8

(L)

VITAMIN D 25, D3: 8

ng/mL 20-10

VITAMIN D 25, D2: &lt;4

ng/mL

ng/mL

25-OHD3 indicates both endogenous production and supplementation.  
 25-OHD2 is an indicator of exogenous sources such as diet or  
 supplementation. Therapy is based on measurement of Total 25-OHD, with  
 levels <20 ng/mL suggesting vitamin D deficiency while levels between  
 20 ng/mL and 30 ng/mL suggest insufficiency. In both situations there  
 is need for intense to moderate supplementation. In patients using D2  
 (ergocalciferol) supplementation, levels of 4 ng/mL of 25-OHD2 or  
 greater suggest compliance.

## Site Information

SC: Quest Diagnostics 3714 Northgate Boulevard Sacramento, CA 95834 (800) 952-5691	NI: Nichols Institute 33608 Ortega Hwy. San Juan Cap, CA 92690 800-642-4657
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Last Login for Anthony Mendadero: November 14, 2006 11:06AM eastern



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(0212)

## Report View

## Patient Demographics

Requisition Number: 176497	Client: 4810945
Patient Name: CARMICHAEL, RAYNELL	Referring Physician: DAVID
Age: 55	Room/Loc:
Birth Date: 04/17/1951	Patient Id: D25366
Gender: M	Patient Phone: NOT GIVEN
Social Security Number:	Collected: 03/16/2007 09:30AM
Accession Number: GQ3763076	Logged: 03/16/2007 11:00PM
Urine Volume:	Reported: 03/27/2007 04:03PM
Lab Ref Num: 2N1	
Report Comments:	

Report Name	Results	Units	Reference Range
VITAMIN D, 1-25 DIHYDROXY			
VIT D, 1-25-DIHYDROXY: 35		pg/mL	15-60
VITAMIN D, 25-HYDROXY, LCMSMS			
VITAMIN D 25, TOTAL: 208		ng/mL	20-100
(H)			
VITAMIN D 25, D3: <4			
VITAMIN D 25, D2: 208		ng/mL	
25-OHD3 indicates both endogenous production and supplementation. 25-OHD2 is an indicator of exogenous sources such as diet or supplementation. Therapy is based on measurement of Total 25-OHD, with levels <20 ng/mL suggesting Vitamin D deficiency while levels between 20 ng/mL and 30 ng/mL suggest insufficiency. In both situations there is need for intense to moderate supplementation. In patients using D2 (ergocalciferol) supplementation, levels of 4 ng/mL of 25-OHD2 or greater suggest compliance.			
PTH INTACT: 29		pg/mL	
*****INTERPRETIVE GUIDE*****			
INTACT PTH IN RELATION TO CALCIUM			
NORMAL PARATHYROID FUNCTION	10-65	NORMAL	
HYPOPARATHYROIDISM	<20	LOW	
PRIMARY HYPERPARATHYROIDISM	>65	HIGH	
SECONDARY HYPERPARATHYROIDISM	>65	NORMAL OR LOW	
NON-PARATHYROID HYPERCALCEMIA	<20	HIGH	
CALCIUM: 9.9		mg/dL	8.6-10

## Site Information

NI: Nichols Institute	WH: Quest Diagnostics
33608 Ortega Hwy.	8401 Fallbrook Avenue
San Juan Cap, CA 92690	West Hills, Ca 91304
800-642-4657	800-877-2515

Last Login for Anthony Mandadero: March 28, 2007 10:35AM eastern

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(0208)

## Report View

## Patient Demographics

Requisition Number: 172132	Client: 4810945
Patient Name: CARMICHAEL, RAYNELL	Referring Physician: DAVID
Age: 55	Room/Loc:
Birth Date: 04/17/1951	Patient Id: D25366
Gender: U	Patient Phone:
Social Security Number:	Collected: 03/16/2007 09:00AM
Accession Number: GQ3759547	Logged: 03/16/2007
Urine Volume:	Reported: 03/17/2007 04:09AM
Lab Ref Num: 2N1L	
Report Comments:	

Report Name	Results	Units	R
*REPORT COMMENTS:	SEE NOTE AGE AND/OR SEX NOT KNOWN. FOR TESTS WITH REFERENCE RANGES WHICH VARY AS A FUNCTION OF AGE OR SEX, WE CANNOT PROVIDE AGE OR SEX-SPECIFIC REFERENCE RANGES.		
<u>COMPREHENSIVE METABOLIC PANEL</u>			
SODIUM, SERUM:	137	mmol/L	
POTASSIUM, SERUM:	4.1	mmol/L	
CHLORIDE, SERUM:	100	mmol/L	
CARBON DIOXIDE (CO2):	24	mmol/L	
UREA NITROGEN, BLOOD (BUN):	13	mg/dL	
CREATININE, SERUM:	1.2	mg/dL	
GLUCOSE:	104 (H)	mg/dL	
CALCIUM, SERUM:	9.9	mg/dL	
TOTAL PROTEIN:	7.8	g/dL	
ALBUMIN:	4.2	g/dL	
GLOBULIN, TOTAL:	3.6	g/dL	
A/G RATIO:	1.2	ratio	
AST (SGOT):	17	U/L	
BILIRUBIN, TOTAL:	0.5	mg/dL	
ALT (SGPT):	28	U/L	
ALKALINE PHOSPHATASE:	275 (H)	U/L	
eGFR:	AGE AND/OR GENDER NOT PROVIDED. UNABLE TO CALCULATE		S
	REFERENCE RANGE: > = 60 ml/min/1.73m2		
ALKALINE PHOSPHATASE:	IF PATIENT IS AFRICAN AMERICAN, MULTIPLY REPORTED RESULT BY 1.21. 275 (H)	U/L	

## Site Information

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